


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P97000033982

1. Entity Name
ALDRICH & RAMSEY ENTERPRISES, INC.



Principal Place of Business Mailing Address
2737 BUCKTHORN WAY **2737 BUCKTHORN WAY**
NAPLES FL 34105 **NAPLES FL 34105**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite Apt #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3440527		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ALDRICH, DAVID 2737 BUCKTHORN WAY NAPLES FL 34105		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		State Zip Code
		FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent or title filer/processor) (Typed Registered Agent or title filer/processor when not agent)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRICH, DAVID	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	U00000911867
CITY-ST-ZIP	NAPLES FL 34105-3016	CITY-ST-ZIP	05/07/08-80058-002 150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SUSAN A	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, BENJAMIN S	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM N JR.	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM S	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SANDRA	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: William N. Ramsey 04/18/08 239-253-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District File #